Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association		Date of This Filing09/11/2018	Date Stamp	CALIFORNIA FORM 497	
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304	Report No169402-10		For Official Use Only	
STREET ADDRESS		Amendment to Report No.	Page 1 of 8		
CITY Sacramento	STATE ZIP CODE CA 95814	(explain below) No. of Pages8			

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/28/2018	California Democratic Party Sacramento, CA 95811	☐ IND ☐ COM ☐ OTH ■ PTY		\$27.49
	ID# 741666 Memo Reference: NON:S497:110	□ scc		
08/29/2018	California Democratic Party Sacramento, CA 95811	☐ IND ☐ COM ☐ OTH ■ PTY		\$483.81
	ID# 741666 Memo Reference: NON:S497:113	□ scc		
08/30/2018	California Democratic Party Sacramento, CA 95811	☐ IND ☐ COM ☐ OTH ■ PTY		\$4.80
	ID# 741666 Memo Reference: NON:S497:111	□ scc		

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

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LATE CONTRIBUTION REPORT

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CITY Sacramento	STATE ZIP CODE CA 95814	(explain below) No. of Pages8		

Late Contribution(s) Received

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08/31/2018	California Democratic Party Sacramento, CA 95811	☐ IND☐ COM☐ OTH☐ PTY		\$66.51
	ID# 741666 Memo Reference: NON:S497:112	□ scc		
09/05/2018	California Democratic Party Sacramento, CA 95811	☐ IND☐ COM☐ OTH☐ PTY		\$69.31
	ID# 741666 Memo Reference: NON:S497:116	□ scc		
09/06/2018	California Democratic Party Sacramento, CA 95811	☐ IND☐ COM☐ OTH☐ PTY		\$15.20
	ID# 741666 Memo Reference: NON:S497:121	☐ SCC		

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Reason for Amendment:

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NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, spor	nsored by California Children's Hospital Association	Date of This Filing09/11/2018	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304	Report No169402-10		For Official Use Only
STREET ADDRESS		Amendment to Report No.	Page 3 of 8	
CITY Sacramento	STATE ZIP CODE CA 95814	(explain below) No. of Pages8		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/07/2018	California Democratic Party Sacramento, CA 95811	☐ IND☐ COM☐ OTH☐ PTY		\$21.60
	ID# 741666 Memo Reference: NON:S497:117	□ scc		
09/07/2018	California Democratic Party Sacramento, CA 95811	☐ IND ☐ COM ☐ OTH		\$84.03
	ID# 741666 Memo Reference: NON:S497:118	■ PTY □ SCC		
09/07/2018	California Democratic Party Sacramento, CA 95811	☐ IND☐ COM☐ OTH☐ PTY		\$133.05
	ID# 741666 Memo Reference: NON:S497:119	SCC		

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Reason for Amendment:

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LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association		Date of This Filing09/11/2018	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304	Report No169402-10		For Official Use Only
STREET ADDRESS		Amendment to Report No.	Page 4 of 8	
CITY Sacramento	STATE ZIP CODE CA 95814	(explain below) No. of Pages8		
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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/10/2018	California Democratic Party Sacramento, CA 95811	☐ IND☐ COM☐ OTH☐ PTY		\$8.10
	ID# 741666 Memo Reference: NON:S497:122	□ scc		
09/10/2018	California Democratic Party Sacramento, CA 95811	☐ IND ☐ COM ☐ OTH ■ PTY		\$129.34
	ID# 741666 Memo Reference: NON:S497:123	□ scc		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

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Reason for Amendment:

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LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hos	pitals, Yes on Proposition 4, sp	onsored by California Chil	dren's Hospital Association	Date of This Filing	09/11/2018	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE (916)442-7757	NUMBER	I.D. NUMBER (if applicable 1401304)	Report No	169402-10		For Official Use Only
STREET ADDRESS		07177	710 000 5	Amendment to Report No. (explain below)		Page 5 of 8	
CITY Sacramento		STATE CA	ZIP CODE 95814	No. of Pages_	8		
Late Contri	bution(s) Made						
DATE MADE		LING ADDRESS AND ZIP COMMITTEE, ALSO ENTER I.D.		CANDID MEASURE	ATE AND OFFICE OR AND JURISDICTION	AMOUNT OF CONTRIBUTIO	

Reason for Amendment:

M D.f NON.9407.122
Memo Reference: NON:S497:123 In-kind contribution for mail production and postage differential
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Memo Reference: NON:S497:122 In-kind contribution for data
In-kind contribution for data
Memo Reference: NON:S497:119
Memo Reference: NON:S497:119 In-kind contribution for printing
Memo Reference: NON:S497:118 In-kind contribution for mail production and postage differential
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Memo Reference: NON:S497:117 (n-kind contribution for graphics/design
in kind contribution for graphics design
Memo Reference: NON:S497:121 (In-kind contribution for staff services
In-kind contribution for staff services
Memo Reference: NON:S/197:116
Memo Reference: NON:S497:116 (n-kind contribution for mail production and postage differential
Memo Reference: NON:S497:112 (n-kind contribution for printing
in-And Controductor for printing

Memo Reference: NON:S497:111 n-kind contribution for graphics		
i-kind contribution for graphics		
Memo Reference: NON:S497:113 n-kind contribution for graphics/printing (walk piece		
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Memo Reference: NON:S497:110 n-kind contribution for data		
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